

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K86834

Entity Name: ADGE PHARMACEUTICALS, INC

FILED  
Feb 16, 2009  
Secretary of State

**Current Principal Place of Business:**

14390 SW 199TH AVE  
MIAMI, FL 33196

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 421  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0123387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHERMAN, GLADYS  
4303 MAGNOLIA RIDGE DR.  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PENA, ALICE,  
Address: 14390 SW 199TH AVE  
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Delete  
Name: SHERMAN, GLADYS  
Address: 4303 MAGNOLIA RIDGE DR.  
City-St-Zip: WESTON, FL 33331

Title: VP ( ) Delete  
Name: PENA, DONATO,  
Address: SAUTO DOMINGO  
City-St-Zip: DOMINICAN REP,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE PENA

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date